

Alabama Medicaid Provider Enrollment



Out of State Pharmacy Enrollment Application (Basic Materials)

**Alabama Medicaid Basic Provider Enrollment Information Form
Program Participation Signature Form**

- The completion of this application is only applicable for out-of-state pharmacies.
- The effective date of provider numbers obtained utilizing this application will be August 29th, 2005. The provider numbers obtained will be effective until November 30th, 2005. Upon the expiration of the provider numbers obtained, a review will be performed to determine if an extension of the pharmacy's enrollment period should be granted.
- Please type or print legibly using **BLACK INK ONLY**.

GENERAL INFORMATION PAGE

(1) The following information should be completed on Applicant:

Name of enrolling Pharmacy: _____

Physical Address: _____ (City) _____ (State) _____ (Zip Cd +4) _____

Mailing Address: _____ (City) _____ (State) _____ (Zip Cd +4) _____

Business Phone No: (____) _____ Fax No: (____) _____ Toll Free No: (____) _____

Name of Supervising Pharmacist: _____

Indicate type of pharmacy: _____ (Government Owned, Institutional or Retail)

Indicate the Medicaid Number (for the state in which the pharmacy is located): _____

(2) Has the license/permit for the supervising pharmacist or other persons associated to this business ever been limited, suspended or revoked in any state, or has your Medicare-Medicaid participation ever been limited, suspended or revoked? **Yes** (☐) **No** (☐) If yes, attach a full explanation.

(3) Please complete the following information. This information will be used on your tax statements. This information must be consistent with the payee information provided to the IRS. If payee is someone other than the name listed in Section 1 (such as a corporate name) please indicate that name as the tax name.

Tax Name : _____ IRS Tax No: _____

Payee Address: _____ (City) _____ (State) _____ (Zip Cd +4) _____

Business Phone No: (____) _____ Fax No: (____) _____ Toll Free No: (____) _____

Contact Person: _____ Phone Number of Contact Person: _____

(5) If you have previously obtained a provider number, under the same information above, you may choose to re-certify that number.

Please indicate provider number to be re-certified here: _____

If there are any questions concerning the completion of this application, please contact our Provider Enrollment Unit. Our Toll-Free Number is 1-888-223-3630 or 334-215-0111. Return this form to EDS, Provider Enrollment, P.O. Box 244035 Montgomery, AL 36124. Please remember to retain a copy of this document in its entirety for your records.

FOR OFFICE USE ONLY, DO NOT WRITE IN THIS AREA

Provider Number: _____

EDS ACTION

DATE: _____ BY: _____

SIGNATURE PAGE

Must be signed with an original signature

To the best of my knowledge, the information supplied on this document is accurate and complete and is hereby released to EDS and the Alabama Medicaid Agency for the purpose of issuing a Medicaid provider number.

I hereby authorize, consent to, and request the release to the Alabama Medicaid Agency of any and all records concerning me, including, but not limited to, medical records, employment records, government records, and professional licensing records, and any other information requested by the Alabama Medicaid Agency for purposes of acting on my application to be an enrolled provider under the Alabama Medicaid program.

Signature of applicant (or an authorized representative if you are enrolling as a provider group/supplier)

Signature

Title

Date

Do Not Write In This Area

(For Office Use Only)

Date: _____

Initials: _____

QC Date: _____

QC Initials _____

NOTE:

Dates of enrollment granted utilizing this application are August 29th, 2005 through November 30th, 2005.

SIGNATURE PAGE (Continued)
***Penalties for Falsifying information on the Medicaid Health Care
Provider / Supplier Enrollment Application***

1. 18 U.S.C. § 1001 authorizes criminal penalties against an individual who in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or make any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry.

Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. § 3571 Section 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

2. Section 1128B(a)(1) of the Social Security Act authorizes criminal penalties against an individual who "knowingly and willfully makes or causes to be made any false statement or representation of a material fact in any application for any benefit or payment under a program under a Federal health care program.

The offender is subject to fines of up to \$25,000 and/or imprisonment for up to five years.

3. The Civil False Claims Act, 31 U.S.C. § 3729 imposes civil liability, in part, on any person who:
 - a) knowingly presents, or causes to be presented, to an officer or an employee of the United States Government a false or fraudulent claim for payment or approval;
 - b) knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; or
 - c) conspire to defraud the Government by getting a false or fraudulent claim allowed or paid.
4. Section 1128B(a)(1) of the Social Security Act imposes civil liability, in part, on any person (including an organization, agency or other entity) that knowingly presents or causes to be presented to an officer, employee, or agent of the United States, or of any department or agency thereof, or of any State agency...

A claim that the Secretary determines is for a medical or other item or service that the person knows or should know:

- a) was not provided as claimed; and/or
- b) the claim is false or fraudulent.

This provision authorizes a civil monetary penalty of up to \$10,000 per each item or service, an assessment of up to 3 times the amount claimed, and exclusion from participation in the Medicare program and State health care programs.

5. The Government may assert common law claims such as "common law fraud," "money paid by mistake," and "unjust enrichment." **Remedies include compensatory and punitive damages, restitution and recovery of the amount of the unjust profit.**